

STUDENT REGISTRATION: Date of Registration \_\_\_\_\_ Grade Entering \_\_\_\_\_ How I learned about SJA \_\_\_\_\_

**CATHOLIC SCHOOL SYSTEM – DIOCESE OF JOLIET, ILLINOIS**

**ST. JOAN OF ARC SCHOOL**

**4913 COLUMBIA ST., LISLE, ILLINOIS**

**DU PAGE COUNTY**

Child \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 \_\_\_\_\_  
**Last First Middle Month/Date/Year (City & State)**  
 Address \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Rank of Child in Family \_\_\_ of \_\_\_  
 City \_\_\_\_\_ Zipcode \_\_\_\_\_ - \_\_\_\_\_ (10) Home Phone \_\_\_\_\_ Subdivision \_\_\_\_\_ Religion \_\_\_\_\_  
 School District # \_\_\_\_\_ School Last Attended \_\_\_\_\_ City/State \_\_\_\_\_

**FATHER - STEPFATHER - GUARDIAN (circle one)**

Name _____										Religion:					
<b>Legal Last Name</b>			<b>First</b>			<b>Middle</b>				Cell Phone:					
Place of Employment					City:					Occupation:			Bus. Phone:		
Home Address (if different from student):										Town & Zip:			<b>Email</b>		
Place of Birth		Education:	8	9	10	11	12	13	14	15	BA	MA/+	(Other?)		
Parish Registered at:										City/State					

**MOTHER - STEPMOTHER - GUARDIAN (circle one)**

Name _____										Religion:					
<b>Legal Last Name</b>			<b>First</b>			<b>Maiden</b>				Cell Phone:					
Place of Employment					City					Occupation:			Bus. Phone:		
Home Address (if different from student)										Town & Zip:			<b>Email</b>		
Place of Birth		Education:	8	9	10	11	12	13	14	15	BA	MA/+	(Other?)		
Parish Registered at:										City/State					

**SACRAMENTS (ex.: 01 30 00)**

Baptism: \_\_\_\_\_ Church \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Penance \_\_\_\_\_ Church \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Holy Eucharist \_\_\_\_\_ Church \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Confirmation \_\_\_\_\_ Church \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

**Preference for K or Pre-School: Please circle choice**

1. Kindergarten    2. PreK4 full time (8:00-2:00) M thru F    3. PreK3 full time (8:00-2:00) M thru F  
 4. PreK3 full time (8:00-2:00) M,W,F    5. PreK 3 am (8:00-10:45) M thru F    6. PreK 3 am (8:00-10:45) M,W,F

**PLEASE COMPLETE OTHER SIDE!**

**ST. JOAN OF ARC SCHOOL REGISTRATION FORM** page 2

**Home Situation (Circle the number of the situation that applies)**

1. Living with both parents	6. Parents divorced; living with mother alone, or father alone. (CIRCLE one)
2. Parents separated; living with mother.	7. Parents divorced; living with father alone, or father and stepmother. (CIRCLE one)
3. Parents separated; living with father.	8. Living with single mother or father (CIRCLE one)
4. Father not living; living with mother alone, or mother & stepfather (CIRCLE one)	9. <b>Other</b>
5. Mother not living; living with father alone, or father & stepmother (CIRCLE one)	<b>Note: If #2 through 9 is selected, who has custodial rights?</b>

**Other Schools Previously Attended:**

**City & State**

**Grade Level**

**Year/s**

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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**FOR OFFICE USE ONLY**

**Letter of confirmation from Pastor:** \_\_\_\_\_ **Registration Fee:** \_\_\_\_\_

**Records Requested:** \_\_\_\_\_ **Baptismal Certificate** \_\_\_\_\_ **Birth Certificate** \_\_\_\_\_ **School Records**